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**JUN 12 2006**

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**TO:** U.S. Patent and Trademark Office  
Examiner: Yogesh K. Aggarwal  
Art Unit: 2615

**DATE:** June 12, 2006

**FROM:** John P. Scherlacher

**TIME:**

**TOTAL NO. OF PAGES, INCLUDING COVER:**

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**MESSAGE:**

**BEST AVAILABLE COPY**

Patent Application No.: 10/041,144; Our Ref. 81784.0247

I hereby certify that the following documents:

- ☒ Amendment Transmittal Letter
- ☒ Amendment

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

June 12, 2006  
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*Rhonda Hurt*  
Rhonda Hurt

**TELECOPY/FAX NUMBER:** (571) 273-8300 ART UNIT 2615

**CLIENT NUMBER:** 81784.0250

**ATTORNEY BILLING NUMBER:** 1931

**CONFIRMATION NUMBER:** (Return fax to Rhonda Hurt)

FORM PTO-1083

81784.0247

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Kazuo ISHIMOTO et al.

Serial No 10/041,144

Filed: January 4, 2002

For: DRIVING METHOD FOR SOLID STATE  
IMAGING DEVICE

Art Unit: 2615

Examiner: Yogesh K. Aggarwal

I hereby certify that this correspondence  
is being transmitted via facsimile to  
(571)273-8300:Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450 on

June 12, 2006

Date of Deposit

Rhonda Hurt

Name

Rhonda Hurt

Signature

Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

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The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	13	-20	20	0	LG=\$50 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	3	-3	4	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
TOTAL						\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the Highest Number Previously Paid For in THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the Highest Number Previously Paid For in THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ A check in the amount of \$-0- to cover the additional claims fee is enclosed. A copy of this sheet is enclosed.☐ A check in the amount of \$-0- to cover the extension fee is enclosed. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN &amp; HARTSON L.L.P.

By:

John P. Scherlach

Registration No. 23,009

Attorney for Applicant(s)

Date: June 12, 2006

Biltmore Tower  
500 South Grand Avenue, Suite 1900  
Los Angeles, California 90071  
Telephone: 213 337-6700  
Facsimile 213 337-6701

FORM PTO-1083

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Art Unit: 2615

Examiner: Yogesh K. Aggarwal

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450 on

June 12, 2006

Date of Deposit

Rhonda Hurt

Name  
*Rhonda Hurt* 06/12/2006  
Signature Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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TOTAL CLAIMS FEE	13	-20	20	0	LG=\$60 SM=\$25	\$ 0
INDEPENDENT CLAIMS FEE	3	-3	4	0	LG=\$200 SM=\$100	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	\$ 0
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)					\$250 FOR EACH ADDITIONAL 50 SHEETS	\$ 0
TOTAL						\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

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- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

HOGAN & HARTSON L.L.P.

By:

*John P. Scherlach*  
John P. Scherlach  
Registration No. 23,009  
Attorney for Applicant(s)

Date: June 12, 2006

Blitmore Tower  
500 South Grand Avenue, Suite 1900  
Los Angeles, California 90071  
Telephone: 213 337-6700  
Facsimile: 213 337-6701

Appl. No. 10/041,144  
Amplt. Dated June 12, 2006  
Reply to Office Action of May 3, 2006

Attorney Docket No. 81784.0247  
Customer No. 26021

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: application of:  
Kazuo ISHIMOTO et al.  
Serial No.: 10/041,144  
Confirmation No.: 2423  
Filed: January 4, 2002  
For: **DRIVING METHOD FOR SOLID  
STATE IMAGING DEVICE**

Art Unit: 2615  
Examiner: Yogesh K. Aggarwal

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Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450 on

June 12, 2006

Date of Deposit

Rhonda Hurt

Name

*Rhonda Hurt* 06/12/2006

Signature

Date

**AMENDMENT**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of May 3, 2006, please amend the above-identified application as follows:

**Amendments** to the claims are reflected in the Listing of Claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 7 of this paper.